Collaborative Management of Hypertension Barry Carter, PharmD VA Medical Center, Iowa City; Iowa City, IA

BACKGROUND / RATIONALE:

Blood pressure (BP) is currently controlled in only 27% of the U.S. population. The long-range goal of the principal investigator is to develop and evaluate collaborative relationships between physicians and pharmacists that improve pharmacotherapy. The rationale for this proposal is generated from studies demonstrating that physician knowledge, quality of prescribing and attainment of treatment goals can be improved when they collaborate with clinical pharmacists. Previous studies have suffered from insufficient sample size and controls and did not include a structured intervention.

OBJECTIVE(S):

The goal of this project is to develop and evaluate collaborative relationships between physicians and pharmacists that improve blood pressure control in an academic medical center. The specific aims of this study are: 1) to determine if better BP control can be achieved by the use of physician/pharmacist teams that utilize physician education and feedback when compared to usual care, 2) to determine if improvements in BP control are related to an increase in physician knowledge of, and adherence to, BP guidelines when they are involved in physician/pharmacist teams, 3) to determine if changes in BP control are associated with the level and scope of the physician/pharmacist relationships.

METHODS:

This study will address these gaps in knowledge by conducting a randomized, prospective study in five clinics (two intervention and three control) with 27 physicians who care for 180 patients with uncontrolled BP. The structured intervention will involve clinical pharmacists who evaluate BP therapy and treatment strategies and make specific recommendations to the physician. Patients will be seen at baseline, 2, 4, 6, 8 and 9 months at which time random zero BP measurements will be performed.

IMPACT:

This model utilizes an innovative system approach to improve BP control. This intervention has the potential to achieve marked improvements in BP control. This model could become one additional strategy to help achieve the BP goals for Healthy People 2010.